PARKVIEW CARE CENTER

50 WOLVERTON, P.O. BOX 509

54971 Ownership: RIPON Phone: (920) 748-5638 Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 110 Yes Number of Residents on 12/31/02: Average Daily Census: 79 *******************

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %								
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	% 	Less Than 1 Year 1 - 4 Years	33.3 39.3			
Supp. Home Care-Household Services	No	 Developmental Disabilities	0.0	Under 65	7.1		27.4			
Day Services	No	Mental Illness (Org./Psy)	40.5	65 - 74	10.7					
Respite Care	Yes	Mental Illness (Other)	10.7	75 - 84	35.7		100.0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.5	* * * * * * * * * * * * * * * * * * *	*****			
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	1.2	95 & Over	Over 6.0 Full-Time Equiva					
Congregate Meals No		Cancer 2.4				Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	1.2		100.0	(12/31/02)				
Other Meals	No	Cardiovascular	3.6	65 & Over	92.9					
Transportation	No	Cerebrovascular	3.6			RNs	7.2			
Referral Service	No	Diabetes	3.6	Sex	용	LPNs	9.3			
Other Services	Yes	Respiratory	0.0			Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	33.3	Male	33.3	Aides, & Orderlies	35.3			
Mentally Ill	No			Female	66.7					
Provide Day Programming for			100.0							
Developmentally Disabled No					100.0					

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	o _l o	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	276	50	87.7	112	0	0.0	0	24	100.0	137	0	0.0	0	0	0.0	0	77	91.7
Intermediate				7	12.3	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	8.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		57	100.0		0	0.0		24	100.0		0	0.0		0	0.0		84	100.0

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period													
					% Needing		Total						
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of						
Private Home/No Home Health	4.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	0.0	Bathing	1.2		47.6	51.2	84						
Other Nursing Homes	3.3	Dressing	8.3		82.1	9.5	84						
Acute Care Hospitals	86.7	Transferring	19.0		59.5	21.4	84						
Psych. HospMR/DD Facilities	1.1	Toilet Use	16.7		64.3	19.0	84						
Rehabilitation Hospitals	0.0	Eating	57.1		33.3	9.5	84						
Other Locations	4.4	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******						
Total Number of Admissions	90	Continence		%	Special Treat	tments	용						
Percent Discharges To:		Indwelling Or Externa	al Catheter	13.1	Receiving 1	Respiratory Care	2.4						
Private Home/No Home Health	35.6	Occ/Freq. Incontinent	of Bladder	51.2	Receiving '	Tracheostomy Care	0.0						
Private Home/With Home Health	5.7	Occ/Freq. Incontinent	c of Bowel	38.1	Receiving :	Suctioning	0.0						
Other Nursing Homes	4.6				Receiving (Ostomy Care	1.2						
Acute Care Hospitals	4.6	Mobility			Receiving '	Tube Feeding	1.2						
Psych. HospMR/DD Facilities	0.0	Physically Restrained	Ĺ	0.0	Receiving 1	Mechanically Altered Diet	s 34.5						
Rehabilitation Hospitals	0.0												
Other Locations	17.2	Skin Care			Other Resider	nt Characteristics							
Deaths	32.2	With Pressure Sores		6.0	Have Advanc	ce Directives	78.6						
Total Number of Discharges		With Rashes		13.1	Medications								
(Including Deaths)	87				Receiving 1	Psychoactive Drugs	56.0						

************************************* Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownership:			Size:	Lic	ensure:			
	This	This Nonprofit Facility Peer Group		100	-199	Ski	lled	Al	1	
	Facility			Peer	Group	Peer Group		Facilities		
	%	%	Ratio	୧	Ratio	%	Ratio	용	Ratio	
Oggunanov Pato, Avorago Daily Consug/Ligongod Pods	71.2	92.2	0.77	85.5	0.83	86.7	0.82	85.1	0.84	
Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County	61.9	76.0	0.77	78.5	0.03	69.3	0.89	76.6	0.81	
Admissions from In-County, Still Residing	16.7	25.2	0.66	24.7	0.79	22.5	0.74	20.3	0.82	
Admissions/Average Daily Census	113.9	95.0	1.20	114.6	0.99	102.9	1.11	133.4	0.85	
Discharges/Average Daily Census	110.1	97.5	1.13	114.9	0.96	105.2	1.05	135.3	0.81	
Discharges To Private Residence/Average Daily Census	45.6	38.4	1.19	47.9	0.95	40.9	1.11	56.6	0.81	
Residents Receiving Skilled Care	91.7	94.3	0.97	94.9	0.97	91.6	1.00	86.3	1.06	
Residents Aged 65 and Older	92.9	97.3	0.95	94.1	0.99	93.6	0.99	87.7	1.06	
Title 19 (Medicaid) Funded Residents	67.9	63.8	1.06	66.1	1.03	69.0	0.98	67.5	1.01	
Private Pay Funded Residents	28.6	28.5	1.00	21.5	1.33	21.2	1.35	21.0	1.36	
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00	
Mentally Ill Residents	51.2	37.9	1.35	36.8	1.39	37.8	1.35	33.3	1.54	
General Medical Service Residents	33.3	23.0	1.45	22.8	1.46	22.3	1.49	20.5	1.63	
Impaired ADL (Mean)	51.0	49.9	1.02	49.1	1.04	47.5	1.07	49.3	1.03	
Psychological Problems	56.0	52.6	1.06	53.4	1.05	56.9	0.98	54.0	1.04	
Nursing Care Required (Mean)	7.3	6.3	1.16	6.8	1.07	6.8	1.07	7.2	1.01	